

STOLEN VEHICLE and HI-JACKING FORM

In order to finalise the claim, the following will be required:

- 1. A copy of the ID of the user of the vehicle prior to the loss.
- 2. If the vehicle was registered to a business, and stolen after hours, a letter is required explaining the reason for use of the vehicle after hours, by whom it was used and hw long the person is employed by Insured.
- 3. A copy of the registration/licence document of the stolen/hijacked vehicle.
- 4. A copy of the latest service record on vehicle.
- 5. If possible, a copy of the SAPS A1 statement made when loss was reported.
- 6. If the vehicle is still under hire purchase, a copy of the last hire purchase account on the vehicle. We need to apply to the Financial Institution for the original deregistration document.
- 7. Forward above documentation to admin@ancorbrokers.co.za or submit to our offices.
- 8. The original deregistration document, full set of keys of the vehicle (immobiliser jack plugs/alarm remotes and lock keys) must be handed in.

IMPORTANT NOTICE

Your claim will only settled the on receipt of the original deregistration document, full set of keys and all of the above requested documentation and should the policy requirements be met.

STOLEN VEHICLE/HIJACKING INFORMATION FORM

Mark with "x"

Claim Type		
Theft	Hijacking	

A- Client/Claim/Policy details (For office use only – to be completed prior to sending to client)							
Claim Number	Section	Item					
Policy Number							
Policy Inception Date	Item Inception Date						
Insured	Insured ID Number						
Item Description on Policy							
Type of Cover							

Section B-E to be completed by insured – all information compulsory / Section F only to be completed on Hijacking

B – Insured / Broker Details						
Insured Contact Details						
Tel / Cell		Fax				
E-Mail						
Broker Contact Details						
Tel / Cell	0114256791	Fax	0865043914			
E-Mail	admin@ancorbrokers.co.za					

Model	
Registration Number	
VIN Number	
Colour	
Activated	
	Registration Number VIN Number Colour

D – Event Details										
Is the vehicle registered to the insured above?			Yes							
If no , provide reason										
If no, who is registered										
owner?										
Tel / Cell				Fax						
E-mail										
Address										
What purpose is the vehicle us	ually use	ed for ?								
Who is the usual driver?										
If stolen, who parked the vehicle	e?									
If hijacked, who was the driver?										
ID Number										
Occupation										
Date vehicle parked/hijacked						Tim	e vel	hicle parked/hijack	ed	
Detailed address where vehicle	was pa	rked / hi	iacked				0.0			
Detailed description of event	nuo pu		Juonou							
Who discovered the theft?										
				Time						
Date	04000			Time						
Who reported the theft/hijack to	SAPS			T '						
Date				Time						
Police Station				Case Number						
SAPS Circulation Number										
Was the vehicle equipped with	any safe	ety devic	es, supply deta	11?						
If other, specify										
How is system activated/deactiv	vated?	0							1	
Who installed the system?							Wh	en		
Contact Details										
Was the system activated at the										
If tracking system, date and tim	e tracki	ng comp	any informed							
If no , provide reason										
When was vehicle purchased?					Whe	ere				
Purchase Price										
Finance House					Acco	ount Number	r			
Are payment up to date?										
Who services the vehicle?						Date of last	serv	vice		
Odometer reading of last servic	e									
Contact person						Contact De	tail			
How many keys do you have of	the veh	icle?						•		
If only one (1), provide reason										
Were any duplicate keys made?										
When						Where				
Are there any identification mar	ks on th	e vehicle	e? (not old dan	nade)						
If yes, specify										

E- Condition of vehicle

EXTERIOR

I.e. Rust on the body (where on the body and the extent of the rust; any accident damages/dents/scratched and the cause thereof; tyre thread and make of tyres; stone chips/cracks on windscreen – supply window code if available; any faded paint

(Cloth/leather upholstery, colour of upholstery, loose tears/damages to the upholstery, seat covers – colour, make when and where purchased, front/rear seats with/without headrests)

MECHANICAL

(Oil usage, detailed description of previous mechanical problems on vehicle)

ADDITIONAL EXTRAS ON VEHICLE

(Proof of any after market extras fitted to the vehicle with detailed description of item, model/make, when and by whom installed, purchase price, instruction manuals)

F – Additional Hijacking information – complete this section when hijacking is applicable

Where were you (insured) at the time of the hijacking?

Describe any detail with regards to the Hijackers (number of person/s involved and their description)

Was any weapons used?

Was any other vehicle used by Hijackers, describe if possible?

Specify any stock of goods that was in the vehicle

I will give my full co-operation to the SAPS and insurer should the vehicle be recovered. Should I fail, all payments in respect of this claim will be refunded to insurer. It is also understood that the value of my vehicle has been calculated according to the above description and that the condition of the mentioned vehicle be found not to be as described, insurer retains the rights to recover any unjustified amounts paid to myself.

Signed aton

SIGNATURE

NAME IN PRINT

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